DEPARTMENT OF HEALTH AND HUMAN SERVICES

Form Approved: OMB No. 0910-0337
Expiration Date: December 31, 2006
See OMB Statement on Reverse
FOR FDA USE ONLY:
Approval Date:
Signed by:

FOOD AND DRUG ADMINISTRATION MEDICATED FEED MILL LICENSE APPLICATION	Approval Date: Signed by:
Manufacturing site legal business name:	For the Commissioner of Food and Drugs
Address: (Street address, City, State and Zip code)	License No.:
Phone number: () EXT.: FAX number: ()	FDA Registration number:
Mailing Address/ Phone numbers (if different from above) Phone number: () EXT.: FAX number: ()	Type of Application: Original Resubmission Supplemental
 regulations published pursuant to section 512(i) of the Federal Food, Dr The methods used in, and the facilities and controls used for, manufactuanimal feeds are in conformity with current good manufacturing practice and 21 CFR 225. Your manufacturing facility will establish and maintain all records require 512(m)(5)(A) and 504(a)(3)(A) of the Act, and will permit access to, or 	uring, processing, packaging, and holding such e as described in section 501(a)(2)(B) of the Act d by regulation or order issued under sections
 As a Medicated Feed Mill Licensee, you have committed to: Possessing current approved Type B and/or Type C Medicated Feed lab feed to be manufactured prior to receiving the Type A Medicated Article Renewing registration each year with the FDA as required by 21 CFR 20 Using only non-drug feed components recognized in the Official Publicat Officials (AAFCO) or sanctioned by FDA under 21 CFR 573, 582 and 584 Supplementing your license application promptly when changes in owne Complying with all other applicable provisions of the Act. 	e containing such drug. 07.20 and 21 CFR 207.21. cion of the Association of American Feed Control as suitable for use in animal feeds.
All license applications are to be sent to the Division of Animal Feeds, CVM, FD	DA, 7500 Standish Place, Rockville, Maryland 20855
I CERTIFY that all of the statements made in this application are true and co WARNING: A willfully false certification is a criminal offense	
Name of responsible individual for this manufacturing site:	Title of responsible individual:
Signature of responsible individual: (application must be signed and dated)) Date:

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services Food and Drug Administration Center for Veterinary Medicine 7500 Standish Place MPN2, HFV-226 Rockville, MD 20855

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.